

\* Borrow <sup>IN</sup> from YOUNGER AGE GROUP  
 \* FILL IN PLAYER → NAME FROM ANOTHER ASsoc. ESPECIALLY ONE TEAM MANAGED

**NEW / BORROWED / FILL-IN PLAYER DETAILS**

NEW PLAYERS		BORROWED / FILL-IN PLAYERS	
PLAYER'S NAME:	PLAYER'S NAME:	PLAYER'S NAME:	PLAYER'S NAME:
JD SMITH		KELSEY BROWNE	
DATE OF BIRTH: 3.12.79	DATE OF BIRTH:	TEAM / ASSOC BORROWED FROM: MAGPIES	TEAM / ASSOC BORROWED FROM:
PH NUMBER: 0400 000 001	PH NUMBER:	DATE OF BIRTH: 27.09.85	DATE OF BIRTH:
ADDRESS: 13 My street, Loch Ness	ADDRESS:	PH NUMBER: 0411 111 123	PH NUMBER:
VNA NUMBER: 123456	VNA NUMBER:	VNA NUMBER: 030303	VNA NUMBER:
		RECEIPT NO (IF SGV):	RECEIPT NO (IF SGV):

**PLAYER INJURY REPORT**

Any injury sustained during the game requiring medical assistance must be recorded below:

Player's name SHARNI LAYTON

Player's team DIAMONDS

Description of injury BROKEN FINGERNAIL

Player's signature *S Layton* date 27/4/2020

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Player's name \_\_\_\_\_

Player's team \_\_\_\_\_

Description of injury \_\_\_\_\_

Player's signature \_\_\_\_\_ date \_\_\_\_\_